Vermont State Hospital Futures Project
Questions and Answers

June 14, 2006

1. Why are we replacing Vermont State Hospital?

We are replacing Vermont State Hospital to improve care for Vermonters with the most severe mental illnesses. The best care is provided in medical settings in which psychiatric inpatients can have access the same diagnostic and treatment services as do all other hospital patients. Finally, even in the face of continuing investments in renovation, the VSH facility in Waterbury is inadequate.

2. Are there national trends in what is happening with State Hospitals? Does it differ from rural or urban locations?

The National Association of State Mental Health program directors report that 15 states are in the process of replacing or rebuilding their state hospitals. In several states (Maine, Massachusetts, Maryland, New York, Tennessee, and Indiana) wherever possible, the preferred location for new facilities is as close as possible to major medical centers. In some instances, particularly in rural locations, the state hospital is such a significant part of the local economy that it cannot be moved.

3. What proportion of the VSH population comes from the greater Burlington area?

At least one third of the 200 admissions annually to VSH come from Chittenden County. Northern Vermont (Chittenden, Franklin, Grand Isle, Lamoille, Essex, Orleans, & Caledonia) accounts for over half of the total bed day use at Vermont State Hospital.

4. Why was Central Vermont Medical Center ruled out?

Central Vermont Medical Center (CVMC), with its average daily census of 44 inpatients, is too small to absorb the needed inpatient capacity and still participate in the federal Medicaid /Medicare insurance program. Medicaid and Medicare funds account for almost 50% of the gross revenues of CVMC.

5. What about other hospitals?

Rutland Regional Medical Center, Vermont's second largest hospital, potentially could add up to 30 new psychiatric beds and still participate in Medicaid and Medicare insurance. However, we need more than 30 beds to serve VSH's inpatient needs. All of Vermont's other hospitals are too small or are restricted to no more than 10 psychiatric beds in order to maintain "Critical Access Designation," a status that helps small, rural hospitals receive increased Medicare payments.

Rutland Regional Medical Center and the Brattleboro Retreat are actively working on more capacity to the system statewide.

6. Is Fletcher Allen Health Care really in a position to undertake a new program with financial risks? What will be the impact on Fletcher Allen's infrastructure?

Fletcher Allen Health Care cannot assume financial risk for a new program to replace inpatient capacity at the Vermont State Hospital. The State of Vermont, its citizens and elected representatives, must continue to fully fund this service.
There would be impacts on the infrastructure at Fletcher Allen, but those impacts have yet to be determined because we are still in the preliminary phases of the project.

7. Are there increased efficiencies in being co-located with FAHC?

Absolutely. There are significant improvements in clinical care associated with co-location. For the first time, psychiatric patients previously served at VSH would have access to the same diagnostic and treatment services available to all hospital patients. This is important because most VSH patients also have significant medical conditions. Co-location will also secure Medicaid and Medicare participation in the ongoing funding for the program (about 50% of operational costs), and allow the new program to piggy-back on Fletcher Allen's existing food services, housekeeping, medical records and pharmacy.

8. How can we keep track of the project? Transparency is very important.

We are planning to hold two public meetings about the project in Chittenden County, and one of those meetings will be held in Ward 1 (July 13th). Also, we are planning on creating a task force beginning in August, to include Ward 1 neighbors and other interested community members, to examine potential site options on the Fletcher Allen campus.

9. How much space are you looking at? How many jobs? How many beds?

We hope to create at least 32 new beds at Fletcher Allen and perhaps more depending on the ongoing actuarial work and program development. The staffing model and square footage for the program will be determined as the project moves forward.

10. Does Fletcher Allen have any areas that offer the opportunity to build? What might the impact of new development be on the lot coverage (density) issue?

The campus is already dense and there are significant issues in new development of any type on Fletcher Allen's Burlington campus, including zoning, permitting and an existing agreement with the city. A task force, which will include Ward 1 neighbors, will be convened to systematically review the universe of site options and to provide advice about their relative merits.

11. Would patients of the new program be discharged to Burlington? Can the Burlington community absorb new demands like this?

We are sensitive to the concerns of the Greater Burlington community around this issue, and we are in discussions with members of the City and local social services community to understand better what the key issues are, what the expected impacts will be, and to develop mitigation strategies.

12. Who uses the hospital and how long do they stay?

Everyone admitted to Vermont State Hospital has acute mental illness in need of inpatient care. About half of the patients are also admitted for a forensic evaluation to determine if they can stand trial (most of the crimes are misdemeanors). There are four broad clinical groupings of inpatients:

- Individuals who require brief, intensive inpatient care (weeks or less).
- Individuals who require longer-term intensive inpatient care (more than a month).
- Individuals who require long term rehabilitation services (in the Futures plan, these patients will be served in new community residential programs).
- Individuals who are psychiatrically stable (this is the smallest group, sometimes even zero; in the Futures plan, these patients will be served in new community residential programs).

The forensic patients are found in all of the clinical groupings. The most commonly treated diagnoses are schizophrenia and manic depression (bi-polar). The average length of stay at VSH now is 68 days.

13. What are the security issues for our community and how will these be addressed.

The new inpatient program, like the current VSH will be a secure (locked facility). Patients will not be free to leave the facility unless demonstrated that they can safely be in the community.